

## New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- **All department sign offs must be complete**
  - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
    - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
    - Building Department – located at City Hall in Room 304 (262)636-9464
    - Fire Department – located in the City Public Safety Building (262) 635-7915
    - Good Neighbor Meeting – Schedule by calling (262) 636-9115

Business Name: BB US PANTRY

Business Address: 1627 Washington Ave

DBA Name: US PANTRY

District: 3 Your Business Alder: Olivia Davis Alder Phone: 262-770-5168

Printed Name: Alam Bibi Signature: JS

\*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Alam Bibi  
Trade Name US Pantry  
Business Address 1627 Washington Ave, Racine WI 53403  
Website \_\_\_\_\_  
Business Email Address Bbpetro14@gmail.com  
Agent Name Ghulam Raza Mian  
Agent Home Address 6129 50th ave, Kenosha WI 53142.  
Agent Emergency Contact Number 262-960-2728  
Agent Email Address RZMIAN@HOTMAIL.COM  
Who intends to be mainly in charge of daily operations? GHULAM MIAN  
Is your business currently open? Yes  No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. \_\_\_\_\_ Initials.

What is your estimated gross monthly revenue for each of the following categories:

\$8000.00 Alcoholic beverages

\$40,000.00 Food

\$120,000.00 Other (please specify)

How many people do you intend to employ full time? 2

How many people do you intend to employ part time? 2

What is the square footage of the premise to be licensed? 2018sq

What is your best estimation of the value of the business? \$350,000.00

Please describe the current parking situation.

5 parking spaces in front of the building at the main Entrance and 4 parking spaces on the east side of the building.

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

This business is a Gas Station with Convenience store

no bar near us. Moreover all the staff is well trained in handling such situations.

Describe the business that you are buying/opening.

It is a Gas station with convenience store.

How will your establishment affect the quality of life for the citizens of Racine?

This business is currently helping nearby residents by being a convenience store at a walking distance. It opens at 5am daily till midnight. Serving the community by providing food essentials and gas.

Does the location that you are applying for already have an alcohol license? Yes

If yes, what type of alcohol license? Class A Beer

Are you or the corporation buying the building or leasing it? Buying / Leasing

Will you be doing any remodeling; and if so, what are your plans?

No remodeling required.

What type of experience do you have that would prepare you for this type of business?

I have retail experience and my other family is also in the same business that's how I know all the know-how of this business.

What will your hours of operation be?

- Monday 5am-12am
- Tuesday 5am-12am
- Wednesday 5am-12am
- Thursday 5am-12am
- Friday 5am-12am
- Saturday 5am-12am
- Sunday 6am-12am

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

No.

How many customers do you expect on your busiest days? 400 Approx.

How do you intend to handle litter and garbage?  
We have Eagle Disposal Company to take care of the garbage and we have workers to clean and maintain the premise.

How will noise at the premise be addressed?  
There has never been any complaints about noise for this business in the past. However, all the staff is well trained in managing a situation like this.

What is your security plan?  
We have ADT Security Plan, which is one of the best security company.

What type of video surveillance do you intend to have on the premise (please list equipment)?  
Night owl surveillance.

Will music be played at your location? Yes  No   
If yes, how will music be played? Jukebox Live DJ Radio Other



Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

**License(s) Requested:** (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_   
  Class "B" Beer ..... \$ \_\_\_\_\_  
 "Class A" Liquor ..... \$ \_\_\_\_\_   
  "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_   
  Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <span style="font-size: 1.2em; color: blue;">BB US PANTRY</span>		
2. Business Trade Name or DBA <span style="font-size: 1.2em; color: blue;">US PANTRY</span>		
3. FEIN <span style="font-size: 1.2em; color: blue;">99-5062643</span>	4. Wisconsin Seller's Permit Number <span style="font-size: 1.2em; color: blue;">456-1031858018-04</span>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <span style="font-size: 1.2em; color: blue;">Domestic Close Corp.</span>	7. Date of Organization <span style="font-size: 1.2em; color: blue;">9-4-24</span>	8. Wisconsin DFI Registration Number <span style="font-size: 1.2em; color: blue;">B119202</span>
9. Premises Address <span style="font-size: 1.2em; color: blue;">1627 Washington Ave</span>		
10. City <span style="font-size: 1.2em; color: blue;">Racine</span>	11. State <span style="font-size: 1.2em; color: blue;">WI</span>	12. Zip Code <span style="font-size: 1.2em; color: blue;">53403</span>
13. County <span style="font-size: 1.2em; color: blue;">Racine</span>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <span style="font-size: 1.2em; color: blue;">Racine</span>	15. Aldermanic District <span style="font-size: 1.2em; color: blue;">3</span>
16. Premises Phone <span style="font-size: 1.2em; color: blue;">262-583-0099</span>	17. Premises Email <span style="font-size: 1.2em; color: blue;">BBPetro@gmail.com</span>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <span style="font-size: 1.2em; color: blue;">one story building, Alcohol sold and stored in the backroom and walk in cooler. All the records kept in the main office at premises.</span>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.     Yes     No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
BIBI	ALAM	OWNER	262-960-2759
MIAN	GHULAM	AGENT	262-960-2728

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Mian	First Name GHULAM	M.I. R
Title AGENT	Email Bzmian@hotmail.com	Phone 262-960-2728
Signature 		Date 12-4-24

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

## Alcohol Beverage Individual Questionnaire

Date  
12-4-24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <p style="text-align: center; font-size: 1.2em;">BB US PANTRY INC.</p>			
2. Business Trade Name or DBA <p style="text-align: center; font-size: 1.2em;">US PANTRY</p>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

<b>Part B: Individual Information</b>			
1. Last Name <p style="font-size: 1.2em;">Mian</p>		2. First Name <p style="font-size: 1.2em;">Gholam</p>	
		3. M.I. <p style="font-size: 1.2em;">R</p>	
4. Relationship to Business (Title) <p style="font-size: 1.2em;">AGENT</p>		5. Email <p style="font-size: 1.2em;">Rzmian@holmcut.com</p>	6. Phone <p style="font-size: 1.2em;">262-960-2728</p>
7. Home Address <p style="font-size: 1.2em;">6129 50th Ave</p>			
8. City <p style="font-size: 1.2em;">Kenosha</p>		9. State <p style="font-size: 1.2em;">WI</p>	10. Zip Code <p style="font-size: 1.2em;">53142</p>
		11. Date of Birth	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance <p style="font-size: 1.2em;">WISCONSIN</p>	

<b>Part C: Address History</b>							
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Years</th> <th style="width: 50%;">Months</th> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">21</td> <td></td> </tr> </table>	Years	Months	21	
Years	Months						
21							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County				
State	County	State	County				

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 12-4-24
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## Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Racine County of Racine

The undersigned duly authorized officer/member/manager of BB US PANTRY INC.  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

US PANTRY  
(Trade Name)

located at 1677 Washington Ave Racine WI 53403

appoints Ghulam Raza Mian  
(Name of Appointed Agent)

6129 50th Ave Kenosha WI 53142.  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
Raza LLC, Raza's US PANTRY

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 years

Place of residence last year 6129 50th Ave Kenosha WI 53142

For: Raza LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Ghulam Raza  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Ghulam Raza Mian, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Ghulam Raza 12-4-24 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

6129 50th Ave Kenosha WI 53142. Date of birth \_\_\_\_\_  
(Home Address of Agent)

### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

AMOUNT - \$5.00 "CLASS B" - \$10.00

LICENSE Expires June 30, 20<sup>25</sup>  
**APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE**

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION     PARTNERSHIP     INDIVIDUAL     OTHER  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): BB US PANTRY INC (ALAM BIBI)

TRADE NAME: US PANTRY

BUSINESS ADDRESS: 1627 Washington Ave Racine WI

BUSINESS TELEPHONE: 262-9583-0099      ZIP CODE 53403

HOME ADDRESS: 306 30th Ave

CITY Kenosha      STATE WI      ZIP CODE 53144

HOME TELEPHONE: 262-960-2759

BB      Alam Bibi      \_\_\_\_\_  
SIGNATURE OF APPLICANT      (Please print SIGNATURE)      DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER /(IF APPLIES)      (Please print SIGNATURE)      DATE OF BIRTH

Form  
CTV-100

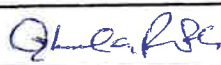
**Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	
License Period	

<b>Part A: Premises/Business Information</b>					
1. Legal Business Name (individual name if sole proprietor) BB US PANTRY INC.					
2. Business Trade Name or DBA US PANTRY					
3. FEIN 99-5062643			4. Wisconsin Seller's Permit Number 456-1031858018-04		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation					
6. State of Organization Domestic close corp.		7. Date of Organization 09-04-24		8. Wisconsin DFI Registration Number B119202	
9. Premises Address (do not use PO Box) 1627 Washington Ave					
10. City Racine			11. State WI	12. Zip Code 53403	
13. County Racine	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine			15. Aldermanic District 3	
16. Mailing Address (if different from premises address)					
17. City			18. State	19. Zip Code	
20. Premises Phone 262-583-0099		21. Premises Email BBPetrol4@Gmco.com		22. Website	
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. The premises is located at 1627 Washington Ave, Racine WI 53403. It is one story building, all the cigarettes, tobacco products are to be sold and stored behind the counter area only. All the records are kept in the main office at the premises.					

<b>Part B: Questions</b>	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information			
An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.			
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.			
Last Name	First Name	Title	Phone
Bibi	Alam	Owner	262-960-2759
Mian	Ghulam	Agent	262-960-2728

Part D: Attestation	
One of the following must sign and attest to this application: • sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing member of an LLC	
<b>READ CAREFULLY BEFORE SIGNING:</b>	
I understand and agree to the following:	
<ul style="list-style-type: none"> <li>I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.</li> <li>I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.</li> <li>I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<a href="https://wtobaccocheck.org">https://wtobaccocheck.org</a>).</li> <li>I will not sell single cigarettes.</li> <li>I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.</li> <li>I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.</li> <li>I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.</li> </ul>	
Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.	
Signature 	Date 12-4-24
Name (Last, First, M.I.) Mian, Ghulam, R	
Title Agent	Email Rmian@hotmail.com
	Phone 262-960-2728

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		



Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name Mian	2. First Name Gholam	3. M.I. R
4. Email Rzmian@hotmail.com		5. Phone 262-960-2728
6. Home Address 6129 50th ave		
7. City Kenosha WI		9. Zip Code 53142
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance WISCONSIN

<b>Part B: Questions</b>	
1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

<b>Part C: Business Information</b>		
1. Legal Business Name (individual name if sole proprietor) BB US PANTRY INC		
2. Business Trade Name or DBA US PANTRY		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 1627 Washington Ave		
5. City Racine	6. State WI	7. Zip Code 53403

<b>Part D: Attestations</b>	
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) [Signature]	Date 12-4-24
Name of Person Signing for Licensee ALAM BIBI	Title OWNER
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Agent, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent [Signature]	Date 12-4-24

Fee: \$100.00  
Record Check \$15.00/per person

**APPLICATION FOR GASOLINE SERVICE STATION LICENSE - CITY OF RACINE, WI**

FEIN: 99-5062643  
WI Seller Permit: 456-1031858018-04

Owner is (Please specify):

CORPORATION OR LLC  PARTNERSHIP  INDIVIDUAL  OTHER \_\_\_\_\_

Name of Owner: ALAM BIBI Owner Date of Birth: 1

Owner's Address: 306 30TH Ave Kenosha WI 53144

hereby applies for an Owner's License to conduct and maintain a gasoline service station at:

1627 Washington Ave Racine, WI 53403, until June 30, 2025

Trade Name: U.S PANTRY

1. The applicant is the owner of said proposed business, which contains 2 tanks with the following capacities:

#1 unleaded 10,000gal #2 Tank premium 6,000gal

2.\* Attach sketch showing the location of the premises and structures, pumps, pipes, hoses, conductors and drain pits; the location and use of all buildings on adjoining property; the location of all sidewalks abutting on the gasoline service station premises; and the dimensions of the said premises.

3. List in chronological order employers during the preceding ten years (use opposite side of paper if necessary):

Employer's Name and Address	Nature of Business	Employed	
		From	To
<u>Ghulam Mia 6129 50th Ave Kenosha</u>		<u>2021</u>	<u>Current</u>

4. Have you ever been convicted of or have penalties or forfeitures assessed against you for violation of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil or other flammable liquids having a flashpoint below 165 degrees Fahrenheit, or fraudulent practices of any nature?

(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned agrees that the license, if granted, will not be transferred to any other person or persons and Will conform to and abide by all the Ordinances of the City of Racine relating to gasoline service stations.

262-583-0099  
Business Phone No.

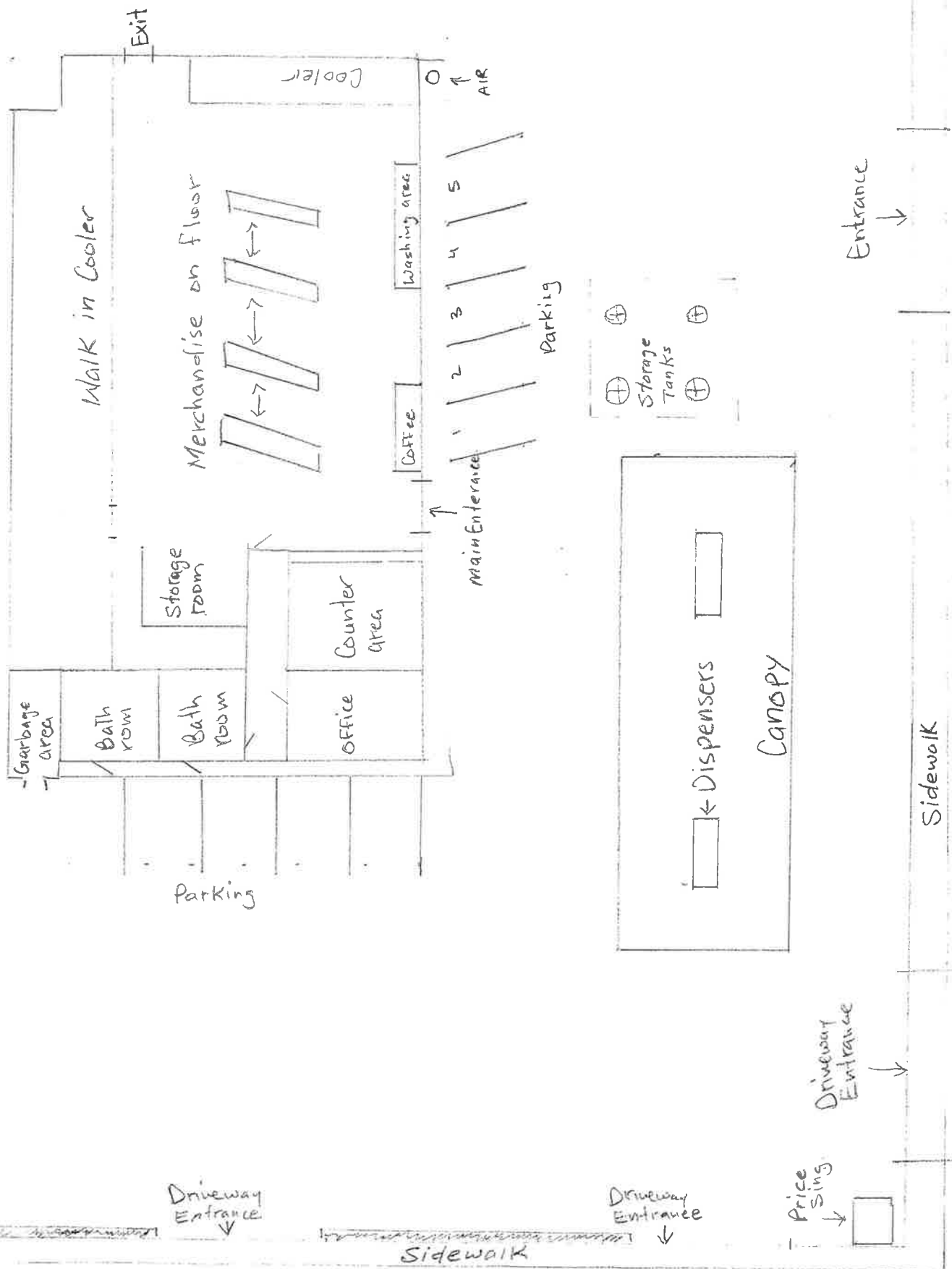
Ghulam Mia  
Signature of Applicant  
Title: Agent

262.960-2728  
Home Phone No.

\_\_\_\_\_  
Signature of Applicant  
Title: \_\_\_\_\_

**\*SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE\***

BB US PENTRY INC  
1627 Washington Ave



Driveway Entrance

Driveway Entrance

Price Sign

Driveway Entrance

Sidewalk

Entrance

Storage Tanks

Parking

Main Entrance

Office Counter Area

Storage room

Walk in Cooler

Merchandise on floor

Cooler

Washing area

Coffee

Exit

S Memorial Dr.

Washington Ave WT-70